Oral Health for All Californians

FREE Webinar Series for Advocates & Community-Based Organizations

8/2/2018 11 am- 12 pm Webinar #3
Oral Health Workforce: Expanding Reach
Why this webinar?

- CPEHN partners told us that knowing how to navigate oral health services is a priority in their communities.

- We hope that you will join us and experts from across the state to learn about oral health, the Denti-Cal system, and successes and challenges in connecting our communities to better care.

**Proposed webinars:**

- **Oral Health Systems: Navigating Denti-Cal** – 5/31
- **Oral Health Procedures: Coverage & Access** - 6/28
- **Oral Health Workforce: Expanding Reach** - 8/2 - TODAY
- **Oral Health in Our Communities: Successes & Challenge** - 9/6
Your resource

**Mihae Jung** - *Facilitator*
Southern California Policy and Outreach Manager | CPEHN
mjung@cpehn.org

**Dr. Jean Moore**
*Director* | New York Center for Health Workforce Studies at the School of Public Health, State University of New York (SUNY) at Albany
jmoore@albany.edu
Oral Health Workforce:
Expanding Reach

Presented by: Jean Moore, DrPH
Oral Health Workforce Research Center
Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY

August 2, 2018
California Pan-Ethnic Health Network
The New York Center for Health Workforce Studies (CHWS)

- Established in 1996
- Based at the University at Albany School of Public Health
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors, and the public
- Broad array of funders in support of health workforce research
The Oral Health Workforce Research Center at CHWS

• A cooperative agreement between CHWS and the Health Research and Services Administration

• Created as a partnership between CHWS and the University of California, San Francisco in 2014

• Supports workforce research aimed at expanding access to oral health services for vulnerable populations
  
  o An available, competent, and well distributed workforce is required to meet unmet need for oral health services
  
  o The work of the OHWRC is designed to inform workforce planning for the delivery of oral health services
Acknowledgements and Disclaimer

• Researchers who contributed to this work include Margaret Langelier, M.S.; Tracey Continelli, PhD; Simona Surdu, MD, PhD; Bridget Baker, MA; and Rachel Carter

• Staff of the American Dental Hygiene Association who facilitated engagement of dental hygienists who helped inform our work

• The studies presented today were supported under the Oral Health Workforce Research Center Cooperative Agreement with HRSA (U81HP27843)

• The information, conclusions and opinions expressed in this presentation are those of the authors and do not necessarily represent positions of HRSA
Poor Oral Health is a Public Health Problem

- Identified dental caries as the most common chronic disease of childhood
- Links between oral and physical health – diabetes and periodontal disease, poor maternal oral health and pre-term birth
- Substantial unmet need for oral health services
  - Siloed delivery system and separate payment mechanisms
  - Impact of social determinants of health
  - Uneven access to dental services
  - Many state Medicaid programs do not cover adult dental
  - Many dentists do not participate in Medicaid programs
The Changing Oral Health Landscape: Growing Attention to Value Based Care

- Focus on prevention and early intervention in disease process
- Increasing emphasis on improving oral health literacy
- Growing importance of risk assessment to triage patients to most appropriate level of care.
- Use of technology to improve access using strategies such as teledentistry
- Integration of oral health services with primary care and behavioral health
The Changing Oral Health Service Delivery System

- No longer limited to private dental practices
- Dental service organizations
- Oral health programs in community-based settings
- Safety net providers that integrate oral health with primary care and behavioral health
- Workforce innovation
Workforce Impacts

• Use of team based models of care
• Expansion of roles for existing workforce
  o Expanded function dental assistants
  o Public health dental hygienists, independent practice dental hygienists, collaborative practice dental hygienists, RDHAP
• New workforce models
  o Community dental health coordinator
  o Dental therapists and dental hygiene therapists
• Engagement of medical professionals
  o Training primary care clinicians to screen and refer and medical assistants and nurses to apply fluoride, especially for children
  o Interprofessional education for oral health screening, e.g., ‘Smiles for Life’
Federally Qualified Health Centers as Innovators: Expanding Access for the Underserved

- Services are co-located
- Reducing structural barriers to integration
- Warm hand-offs between clinical services
- Provide a comprehensive health home
- Mission driven workforce
- Interdisciplinary workforce to address social and health needs
- Health care teams with flexible boundaries

- Integrated electronic health records enable continuity of care
- Use innovative oral health workforce models and team based care
Developing Programs to Increase Access to Oral Health Services: Understanding Local Issues

• Who lacks access to oral health services? What services do they need?

• Assessment of current oral health service infrastructure – where are the gaps?

• How are oral health services reimbursed?

• Scope of practice laws and regulations related to oral health workforce, especially dental hygienists and dental assistants
What is Scope of Practice?

- Professional scope of practice, i.e. professional competence, describes the services that a health professional is trained and competent to perform.

- Legal scope of practice, based on state-specific practice acts, defines what services a health professional is allowed to provide under what conditions in a given state.

- Legal scope of practice and professional competence overlap, but amount of overlap varies by state and by profession.
Dental Hygiene Professional Practice Index

- CHWS developed the Dental Hygiene Professional Practice Index (DHPPI) in 2001, to compare DH practice across states.
- Numerical scoring based on each state’s law and regulation:
  - Variables grouped into 1 of 4 categories: regulation, supervision, tasks, and reimbursement.
  - Scores range from 0-100.
- 2001 DHPPI:
  - Used to score state DH SOP in 2001 and again in 2014.
- 2016 DHPPI:
  - Updated index (revised variables) and scored state DH SOP in 2016.
State – Level DHPPI Score in 2014

- Scoring based on a review of state law and regulation in each state in 2014
- Descriptive analysis
  - 2014 scores ranged from 18 in Mississippi and Alabama to 98 in Maine
  - Mean score on the DHPPI progressed from 43.5 in 2001 to 57.6 in 2014
DHPPI Developed in 2001 May Not Accurately Reflect Current Ideal Practice for DHs

- Some states achieved near perfect scores in 2014 using the 2001 index
- Recognized need to update and account for expanded tasks and allowable restorative services
- Critical elements to consider in a revised scale:
  - The ability to supervise dental assistants (some services require two handed dentistry)
  - Provision of basic restorative services that benefit from dental oversight, supervision, and consultation
  - The ability to provide local anesthesia without direct supervision for certain periodontal procedures
The 2016 DHPPI

• Dental hygienists now seen as experts in prevention education and services
  o More autonomous roles
  o Team based care
  o New technologies
  o New settings for care delivery
  o Point of entry - case finding
  o Roles as case managers/patient navigators

• Design process for the revised DHPPI included focus groups with dental hygienists
  o Some variables were retained or modified
  o Fewer variables overall
  o New variables e.g., dental hygiene therapy, use of lasers, and basic restorative tasks

• Range of scores was 7 in Mississippi to 86 in Maine
Does Variation in DH SOP Matter?

• *Research question:* Do more expansive SOPs, which allow more autonomy in providing preventive services, especially in public health settings, impact oral health outcomes?

• In 2001, 2014 and 2016, we used multilevel logistic modeling with the DHPPI, federal data sources for state-level information and BRFSS data for individual-level information, controlling for state and individual level factors.
Results

- Scope of Practice Index score (DHPPI) exerted a positive and significant impact on adult oral health
- More expansive SOP for DHs in states was positively and significantly associated (p<0.05) with having no teeth removed due to decay or disease among individuals in those states
- A 10 point increase in the Scope of Practice Index (DHPPI) score results in a 3.5% relative increase in the percentage of adults with no teeth removed due to decay or disease

Examples

• Best practices that illustrate how dental hygienists with more autonomous SOP are expanding access to oral health services in community-based settings, targeting underserved populations

• Program designed using different modalities, usually based on unique local need and workforce availability
A Virtual Dental Home Provides Preventive Oral Health Services to Children in Their Schools

- A virtual dental home (VDH) in Salem, Oregon uses expanded practice dental hygienists (EPDH) to provide children in schools with preventive oral health services
- Modeled on the VDH developed by Dr. Paul Glassman in CA
- Many students served by the program come from families with a primary language other than English, live in rural areas, and work in agriculture
- The EPDH provides services in schools during the academic year and in a pediatrician office during the summer
- The initiative is sponsored by a dental health maintenance organization that is a dental insurer and also part of a DSO

oralhealthworkforce.org
www.chwsny.org
‘Senior Mobile Dental’ Incorporates a Fixed Clinic, A Mobile Program, and Teledentistry

- A Colorado dental hygienist in independent practice provides preventive oral health services at skilled nursing facilities using portable equipment.

- The practice includes a full service dental provider in a fixed dental clinic and in a mobile program serving:
  - a municipal housing project
  - nursing homes, and
  - seniors in rural areas

- The program uses store and forward teledentistry applications:
  - DH acquires images using van Panorex and performs DH diagnosis and assessment services
  - Dentist can log into the patient record to formulate the treatment plan
Dental Hygienist Combines Credentials To Enhance Skills and Improve Access

- Wayne Memorial Community Health Center is an FQHC in Honesdale, Pennsylvania
- The FQHC is the only dental provider in the county participating in the state Medicaid program
- The FQHC uses expanded practice workforce in the fixed clinic, integrates oral health into primary medicine practices, and provides mobile services in the community
- In the dental clinic, dental hygienists prepare patients for restorative services by providing local anesthesia, while EFDAs place and carve restorations

coordinate
- She spends time in the community conducting outreach, case finding and significant amounts of community education
- She provides preventive oral health services in the primary medical practices affiliated with the FQHC as well as in schools and Head Start programs
Developing a Dental Hygiene SOP Infographic: Why and How

- Research finds that broader SOPs for DHs are associated with better oral health outcomes in a state.

- There is substantial variation in DH SOP across states, but no tools to help policy makers understand these differences.

- OHWRC in collaboration with ADHA conducted a series of focus groups with dental hygiene leaders from across the country to identify the key DH functions and tasks to include in the infographic.
Variation in Dental Hygiene Scope of Practice by State

The purpose of this graphic is to help planners, policymakers, and others see differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state's population.¹²

—

ALLOWABLE TASKS for Dental Hygienists BY STATE

Dental Hygiene Diagnosis
Prescriptive Authority
Local Anesthesia
Direct
Indirect*
General
Supervision of Dental Assistants
Direct Medicaid Reimbursement
Dental Hygiene Treatment Planning
Provision of Sealants
Direct Access to Prophylaxis
Not Allowed / No Law

* In Colorado, indirect supervision requires only preapproval, not the presence of a dentist.


This work was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), under the Health Workforce Research Center Cooperative Agreement Program (U81 HP27843). The content and conclusions presented herein are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

This graphic is for informational purposes only and scope of practice is subject to change. Contact the applicable dental board or your attorney for specific legal advice.

Last Updated February 2017.
Conclusions and Next Steps

• SOP is an important consideration when designing workforce strategies to increase access to and utilization of preventive oral health services

• DHs with broader SOPs can effectively serve high need populations in community based settings and achieve better outcomes

• Infographic is a work in progress, i.e., requires routine updating as states modify DH practice requirements
Thank You

Questions?

Visit Us:

www.chwsny.org
www.oralhealthworkforce.org